

2015 EVALUATION and REIMBURSEMENT REQUEST (1)

*Please submit a reimbursement request for <u>each</u> check recipient and attach all original invoices and/or receipts with each request.

Submit this form with the evaluation on the next page within two weeks after your activity

Activity Details				
Submission date:				
Date of activity:				
Block name and description:				
Total reimbursement amount requested:	\$			
Make Check Payable To:				
First & Last Name:				
Address:				
City, State & Zip Code				
Phone Number:				
Email:				

The City of Longmont cannot reimburse for purchase of alcoholic beverages.

For internal use only:		
Approved by:		
Date:		

Mail or submit payment requests in person at: City of Longmont, Community and Neighborhood Resources 350 Kimbark Street, Longmont, CO 80501

Questions? Call: 303-651-8444, email: cnr@longmontcolorado.gov mail: 350 Kimbark St, Longmont CO 80501, or visit: http://bit.ly/1FwahpQ



2015 EVALUATION and REIMBURSEMENT REQUEST (2)

Thank you for your participation. Help us improve this grant and your next activity by submitting this evaluation as part of your reimbursement form.

Block Name/Location:						
CONTACT PERSON						
Name:		Phone:				
Email:						
ACTIVITY EVALUATION						
Activity Date:	Activity Nam	e:				
How many people participated?	How many he	ouseholds participated?				
Will you apply again next year (circle)? YES	NO					
Will you organize any other activities with your neighbors this year (circle)? YES NO						
What were the positive or successful outcomes of your activity?						
						
What could have been better about your activity?						
What did you learn about your neighbors?						
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How did this activity improve the quality of life in your neighborhood?						
What resources would have been helpful to make your activity better?						
Would you like to loarn about the benefits of participat	ting in your wegi	stared neighborhood group (simila)?	YES	NO		
Any additional feedback or thoughts:						

LONGMONT COMMUNITY & NEIGHBORHOOD RESOURCES